

ARKANSAS STATE BOARD OF COSMETOLOGY
101 EAST CAPITOL, SUITE 108
LITTLE ROCK, AR 72201
(501) 682-2168

REQUEST FOR DEMONSTRATOR PERMIT

\$15.00 fee required

A demonstrator's permit **only** authorizes the person who holds a current permit to recommend and apply cosmetics, **without compensation**, for the **sole** purpose of advertising and selling said cosmetics. Beyond that scope, a demonstrator is not permitted to practice Cosmetology or any branch thereof, in any form.

APPLICANT INFORMATION: Please print using blue or black ink.

Last Name		First Name		Middle Name	
Address		Apt #	City		State
Zip Code					
Phone Number ()	SSN		Date of Birth	Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
Race <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Am. Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native					Marital Status
Describe in detail, the type(s) of service you will be performing:					
Establishment Name				Phone Number ()	
Establishment Address		Suite #	City		State
Zip Code					

Applicant Signature:

By Signing this application, I certify that the information provided above is true and accurate. Further, I understand that false statements will be sufficient grounds for the Board to take disciplinary action.

Date	Printed Name	Applicant's Signature
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DO NOT WRITE BELOW THIS AREA – FOR BOARD USE ONLY

ID NUMBER	PERMIT NUMBER	RECEIPT NUMBER	DATE